

10/22/04

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
034289-004

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. or ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	RATE
BASIC FEE	300
EXAM. FEE	200
SEARCH FEE	400
X \$ 125 =	X \$ 250 =
X \$ 25 =	X \$ 50 =
X \$ 100 =	X \$ 200 =
+ \$ 180 =	+ \$ 360 =
TOTAL	900

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT A			
Total	*	Minus	**
Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X \$ 25 =	X \$ 50 =
X \$ 100 =	X \$ 200 =
+ \$ 180 =	+ \$ 360 =
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X \$ 25 =	X \$ 50 =
X \$ 100 =	X \$ 200 =
+ \$ 180 =	+ \$ 360 =
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/523849

1 Date of Request:	2 Serial/Patent #
3 Please refund the following fee(s):	
Filing	4 PAPER NUMBER
Amendment	5 DATE FILED
Extension of Time	6 AMOUNT
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
7 TOTAL AMOUNT OF REFUND	
8 TO BE REFUNDED BY: 05/26/2005 0000022211	
Treasury Check	
Credit Card Refund Total: \$500.00 Credit Deposit A/C #: 9 HM Exp. : XX/XXXX/XXXX/XX	
10 REASON:	
Overpayment	
Duplicate Payment	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____ TITLE: _____	
SIGNATURE: _____ PHONE: _____	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: 02 FC:1632 -500.00 OP	
APPROVED: _____ DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B